

Washington State Firearm Injury Reporting System

Note: This form is to be used for reporting all gunshot wounds treated in emergency departments.

1. Hospital name _____ 2. Medical Record # _____

3. Patient name _____
Last name First name Middle initial

4. Residence _____
City or Town State ZIP

5. Date of Birth _____ 6. Gender 1 ☐ Male 2 ☐ Female
month day year

7. Date of shooting _____ 8. Time of shooting (military) _____
month day year

9. Where shooting occurred _____ ☐ check if
City or town outside city limits ☐ check if
County out of state

10. Was Victim at work or working 1 ☐ Yes 2 ☐ No 3 ☐ Unknown

11. Location of Victim when shot

- 1 ☐ Victim's home (including entranceway, yard or driveway)
- 2 ☐ Other person's home (including entranceway, yard or driveway)
- 3 ☐ Bar / club (including parking lot)
- 4 ☐ School
- 5 ☐ Street / road / parking lot
- 6 ☐ Inside automobile
- 7 ☐ Inside public building / store / restaurant
- 8 ☐ Motel / hotel
- 9 ☐ Park / play field / other outdoor setting
- 10 ☐ Other (specify) _____

12. Gun type 1 ☐ Handgun 4 ☐ BB / pellet gun
2 ☐ Shotgun 5 ☐ Other (specify) _____
3 ☐ Rifle 6 ☐ Unknown

13. Intent 1 ☐ Assault 3 ☐ Accident 5 ☐ Unknown
2 ☐ Suicide (attempt or fatal) 4 ☐ Shot by Police

14. Relationship between Victim and Shooter (check one)

- 1 ☐ Self 5 ☐ Acquaintance
- 2 ☐ Stranger 6 ☐ Spouse / lover / boyfriend / girlfriend (current or ex)
- 3 ☐ Gang related 7 ☐ Other family member
- 4 ☐ Shot by police 8 ☐ Unknown

15. Circumstance

- 1 ☐ Child playing with weapon 4 ☐ Family or intimate partner violence
- 2 ☐ Weapon cleaning 5 ☐ Other fight or argument related
- 3 ☐ Hunting 6 ☐ Other / unknown

16. Location of gunshot wound(s) (check all that apply)

- 1 ☐ Head / neck / face 3 ☐ Shoulders / buttocks / limbs / hands/ feet / digits
- 2 ☐ Chest / abdomen / back 4 ☐ Other (specify) _____

17. Disposition from emergency department

- 1 ☐ Admitted 3 ☐ Died
- 2 ☐ Discharged 4 ☐ Transferred to other medical facility (specify) _____

Please return to: **Washington Firearm Injury Reporting System**
Department of Health, PO Box 47832, Olympia WA 98504-7832
Questions? Call the Injury Data Manager at (360) 236-2867